

# MANAGEMENT OFFICE

1399 Coney Island Avenue • Mailing Address: P.O. Box 439 • Brooklyn, New York 11230 • Tel: 718-252-8485 • Fax: 718-258-7801

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HARRY VORHAND

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 1, 2001

HARRY VOEMAND VORHAND  
P.O. BOX 439  
BROOKLYN, NY 11230

SUBJECT: BISCAYNE BUSINESS CENTER L.C.  
Ref. Number: W01000004750

We have received your document for BISCAYNE BUSINESS CENTER L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 201A00012808

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BISCAYNE BUSINESS CENTER L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1399 CONEY-ISLAND AV. P.O. Box 300439  
BROOKLYN NY 11230

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

HARRY VORHAND  
12550 BISCAYNE BLVD #100  
Name  
Florida street address (P.O. Box **NOT** acceptable)  
MIAMI FL 33141  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

[Signature]  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

[Signature]  
(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HARRY VORHAND

Typed or printed name of signee

## Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA